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\*\* CONTINUING DATA \*\*\*\*\*

No. RMM

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

No. RMM

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CO	SHEETS DRAWING 4	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 4
Verified and Acknowledged	Examiner's Signature: Initials:				

## ADDRESS

24309

## TITLE

Co-simulation via boundary scan interface

<b>FILING FEE RECEIVED</b> 834	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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